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have spared her nurse had the nurse not been so dressed that she could lend a helping hand when needed during convalescence. As it was, all were made comfortable in this country house, the nurse not only enjoying her stay, but finding both rest and health in the bracing air of the New Hampshire hills, leaving many friends behind her and receiving the gratitude of patient and family when the case ended with the full recovery of the sick one.

A word more. We nurses love our uniform and are proud of it, but there are times when it should come off, and wise is the nurse who knows when that time comes.

A SMALL-POX EXPERIENCE IN CALIFORNIA

By ELLEN LEE

Graduate of the New York Hospital Training School

WHEN Dr. D. called me up by telephone, giving me the opportunity of taking charge of the isolation cottages through the epidemic of small-pox running in the city of S. during the fall and winter of 1908-09, my first thought was that I could not, but when reminded what it would mean in shillings and pence, the greed for filthy lucre overcame me, and I consented. My motives were mixed, as only truly great people are single-motived.

The hospital where I had this experience is a county institution in California, and is in many ways an ideal place. Dr. D. has been there about ten years, and has developed and improved the place until there are now separate surgical and medical pavilions, a tuberculosis pavilion entirely by itself, a simple operating room after the Mayo plan, and last but not least, two cottages for isolating purposes. These stand at one side of the grounds which surround the rest of the buildings. Each cottage has a strong, low fence encircling its plot of ground, and patients are not allowed outside this. Usually one cottage is kept for scarlet fever, diphtheria, etc., but at this time we needed both cottages for small-pox.

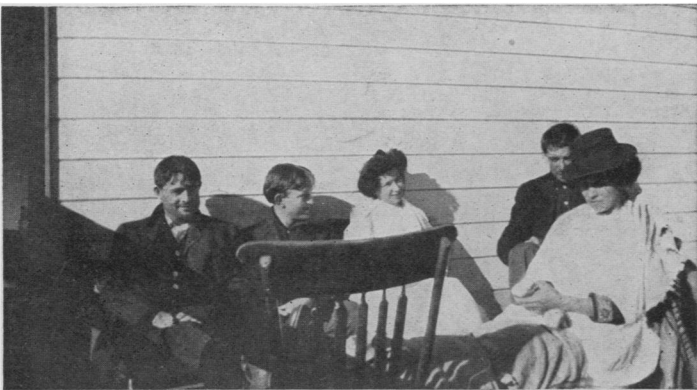
One of the pictures shows the cottages. They were simple but delightfully workable. Each room opened on a porch running the entire length of the cottage. Each room had two windows and the outside door, insuring good ventilation. The floors and walls were painted drab. The furniture included an iron bed, two chairs, and a bed-



ADMINISTRATIVE BUILDING



ISOLATION COTTAGES



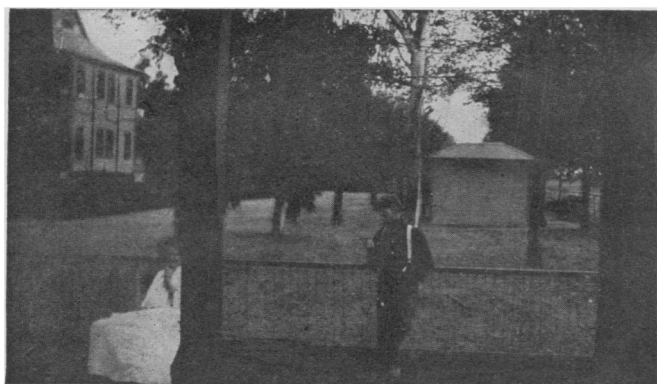
PATIENTS ENJOYING SUN BATH



A HAPPY SIDE OF ILLNESS



AFRAID OF THE CAMERA



INCIPIENT LOVE AFFAIR

stand, painted white, so soap and water could be given the right of way. The rooms, when ready for occupants were not uninviting; quite the contrary, with their white sash curtains and spotless bed, and as this was in sunny California we had many plants in the rooms—smilax, etc. Each cottage had a bath-room with bath-tub, bowl, and toilet. There was always plenty of hot and cold water, and steam pipes, three in number, ran through all the rooms.

This epidemic, as nearly as I could find out, was not particularly severe, although true small-pox. It ran for about four months, there being only three confluent cases, to my knowledge, all such patients dying before they could be brought to the hospital.

When I took the position I was very skeptical as to the value of vaccination, through my own ignorance, surely, but that same ignorance is appallingly wide-spread. We had about sixty cases while I was there, and the three that were severe gave no history of vaccination. The rest had either recently been vaccinated or could show old scars. The lesson I learned is obvious, and now I feel that any person once thoroughly vaccinated can never have small-pox in a severe form. The unfortunate three were pretty uncomfortable for a time, one being in bed for about ten days. One of them was a minister, a victim of his own scoffing. He had the disease thoroughly and learned through several days' torture the value of vaccination. The rest of the patients were in bed only a few days at most, and I think they got along more rapidly by being out of doors. Again I must remind you that we were in sunny California.

Patients came to me after the high fever had abated and the pox were thoroughly out. I believe there is no way of making a positive diagnosis of this disease until this stage is reached, although in some cases a few straggling pox may be found sufficiently clear to be proof.

As soon as they are well out, and the strain on heart and heat centre is relieved, the patient in mild cases feels fairly well, is hungry, and desirous of some occupation, play being preferred to work, of course. The inside of the hands and soles of the feet are often very sensitive, as the pox are working their way out, and these are the last scars to heal. Sometimes when Dr. D. had told a patient (a man, always) that he might go home when all sign of desquamation had disappeared, I would find him digging these little brown spots out of his palms with a pocket knife. When the pox are large, with occasional confluent groups, there is apt to be a secondary fever, due to absorption; in my experience being as high as 102°, and the patient then has two or three days of extreme discomfort.

The treatment of all cases was of the simplest. By the doctor's order, sulphur, gr. $\frac{1}{2}$, was given every two hours to each patient, with a generous amount of water, which doubtless did its part. The only other medicine given was a cathartic occasionally, and one patient had two doses of heroin for cough.

On my part, through my overpowering desire to keep them clean—and some of them came to me in need of severe treatment along that line—I stumbled upon a treatment which Dr. D. said had never, to his knowledge, been tried before. It was a case of a “fool's stepping in where angels fear to tread,” for it never entered my head that I was doing anything radical. You can understand that to handle so many patients I had to be as systematic as possible. It was impossible for me to give all patients sponge baths, and I found that, left to themselves to take them, they seldom got farther than their chins, so being a firm believer in the efficacy of daily ablution, I determined on what we called “the bath brigade.” At 7 P.M. I filled the tubs with as hot water as the patients could stand, and put into the water a solution of carbolic and glycerine, aa, using enough to give just the faintest odor. This may have been a balm to my conscience only, or it may have had some virtue. When the tubs were ready, patient No. 1 would take his bath, wash out the tub with Bon Ami, and start the water running for patient No. 2, and so on, until all had bathed.

The advantages of this daily tubbing are too many to enumerate any but the chief, which are freedom from itching, and, therefore, no marking. I had only one patient who complained of itching, and he was a Portuguese who, I fear, was loath to give the water a fair show. Not even the children bothered me with scratching, and I had about a dozen. The disease cleared up more rapidly through the tonic effect on the skin. The general condition of the patients was better, they ate better, and slept better. The danger of contagion through linen, dust, etc., was lessened, because the hot water softened the scabs, and a goodly number came off in the tubs. Also these friends of mine were toned up morally. I shall probably never again have just the peculiar opportunity I had then to test the deep value of soap, water, and fresh air. Most of my patients were dirty. They came from dance halls, beer gardens, and the very poorest part of the city. There were, of course, some exceptions, people boarding, etc., and one of my patients, as I have said, was a minister, who had his wife with him. Here let me say that, including some cases which proved to be German measles, we had five people in these cottages, not small-pox patients, thoroughly exposed, none of whom contracted the disease.

When I was in training, I used often to feel that a dirty, ill-kept woman could not be in a clean bed, with her body wholesomely cared for, if only for a few weeks, and ever sink back as far again, as she had been before entering the hospital, and now I am sure of it. These friends were, for four weeks at least, absolutely under my care. I scrubbed and fresh-aired them to my heart's content—a rare chance for me. We had breakfast at 7 A.M., of good simple food, with plenty of milk and cream. Then all patients who could, swept and mopped their rooms, and by 10 all soiled linen was in the tub of formalin solution. All dishes to be returned to the kitchen were in a pail of formalin solution, from which they were taken out wet. Dinner was at 12, supper at 5.30. Baths began at 7, and at 9.30 P.M. all were in bed. For the rest of the time the patients were kept out of doors as much as possible when the sun was warm, and they were sheltered from the wind. For the most part they were fairly content and cheerful, and some were loath to leave.

The results of systematic living in those under-fed, ill-cared-for children and the dissipated men and women were wonderful to watch. After one week of the simple life, the children were like drooping flowers suddenly revived by gentle showers and warm sun. That, result alone more than repaid me.

There is much I have not told, perhaps the very things you would like to know. However, I will stop here by simply saying that my faith is strengthened that soap, water, and fresh air are not only wonderful purifying agents, physically, but are as wonderful purifying agents, morally, to a degree beyond my understanding.

EMERGENCY CARE OF THE MENTALLY DISORDERED *

By SMITH ELY JELLIFFE, M.D.

EMERGENCY care in surgical practice, meaning usually "first aid to the injured," is something very definite, whereas in the subject about to be discussed it may mean a number of different things, from sprinkling a patient from a water-cooler to calling up the police department.

We have to consider the care of a mental case at the home, in the street on transportation to a hospital, in the hospital wards proper, and furthermore one has to take into consideration the emergency care of

* Notes of lecture delivered before the nurses of the Neurological Institute of New York, October, 1910.